ASBESTOS SUPERVISOR APPLICATION - CLASS "A"

INSTRUCTIONS:

Α.		a certification as an Asbes l be typewritten or legibly : ·		
1	·			
	Name of applicant (print	:		
2.	Applicant's home address:			
3	(City) . Personal information:	(State)	(Zip)	
	Phone:	Date of Birth:		
	Eye Color:	Hair Color:		
	Weight:	Height:		
4	Name of applicant's present employer:			
5	How long have you been employed with this firm?			
6	Total amount of experience in asbestos abatement (months/years):			
7	Have you taken part in a medical surveillance program?			
	If yes, name of Doctor:			
	Date of exam:			
8	. Is this a new application	on or a request for renewal?		
9	. Are you presently a Certi	ified Asbestos Supervisor in		
	another state?	Yes	No	
	If so, where?			

10.	Read and sign the following	ng statement:
		declare that to the best of my above is true, correct, and
	Signature:	Date:
	Print Name:	

ATTACH WITH APPLICATION:

Provide proof of training certification for a forty (40) hour Asbestos Supervisor Training Course and/or refresher certifications issued by an approved training provider of Region III.

A statement from a doctor that the Asbestos Supervisor had continued medical surveillance in accordance with OSHA 1910.1001 and is medically approved for respirator use ("B" Reader Chest X-Ray, Complete Physical and a Pulmonary Function Test).

Nationally approved Adult CPR training course certification (must show ORIGINAL CPR card).

Required application fee of \$50.00 (cash, money order, or company check only). No credit cards accepted.

All licensees must present a valid Government Issued Photo Identification when applying.

NOTE: Under Reciprocity, all applicants must submit <u>all</u> training certificates (initial training and each year thereafter) for review by the Asbestos Office prior to the processing of the Delaware certification. Approved training providers <u>must</u> be EPA approved, Region III state approved and the course <u>must</u> be taught within a Region III state's boundaries.